

UNITED STATES OF AMERICA  
BEFORE THE NATIONAL LABOR RELATIONS BOARD  
REGION 10

AMERICAN RED CROSS BLOOD  
SERVICES, SOUTHERN REGION<sup>1</sup>

Employer

and

Case 10-RC-15366

UNITED STEELWORKERS OF  
AMERICA, AFL-CIO-CLC

Petitioner

REGIONAL DIRECTOR'S DECISION AND  
DIRECTION OF ELECTION

The American Red Cross is a charitable, non-profit organization chartered by Congress, which maintains its national headquarters in Washington, D.C. It is subdivided into three major divisions: the American Red Cross Chapter, the American Red Cross Disasters<sup>2</sup> and the American Red Cross Biomedical Services.<sup>3</sup> The Petitioner, United Steelworkers of America, AFL-CIO-CLC, filed a petition with the National Labor Relations Board under Section 9(c) of the National Labor Relations Act seeking to represent a unit within the Biomedical Services Division consisting of Component Lab employees, Quarantine and Labeling (hereinafter also called Q & L) employees and

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<sup>1</sup> The name of the Employer appears as amended at the hearing.

<sup>2</sup> The American Red Cross Disasters and the American Red Cross Chapter are not at issue in this matter. The American Red Cross Disasters provides disaster relief to individuals throughout the country during natural disasters and other national emergencies. The American Red Cross Chapter provides health and safety training to individuals.

<sup>3</sup> The Employer has not asserted that it is a health care institution engaged in patient care within the meaning of Section 2(14) of the Act.

Hospital Services employees employed by the Employer at its Atlanta, Georgia facility, located at 925 Monroe Drive, excluding all office clerical employees, guards and supervisors as defined by the Act.<sup>4</sup> A hearing officer of the Board held a hearing and the parties both filed briefs, which were duly considered.

There are two issues herein: (1) whether the scope of the appropriate unit should be expanded to include Hospital Services employees in both Savannah, Georgia and Albany, Georgia, and (2) whether the composition of the unit should be expanded to include nine Atlanta departments not requested by the Petitioner. The Petitioner contends that the petitioned-for unit is an appropriate bargaining unit, while the Employer submits that any unit must include additional Atlanta job classifications in essentially a wall-to-wall unit comprised of all non-supervisory, non-professional, non-blood collection employees in twelve departments located at the Employer's Monroe Drive facility, inclusive of the hospital service employees in Savannah and Albany, Georgia. The unit sought by the Petitioner consists of approximately 67 employees, while the expanded unit urged by the Employer would consist of approximately 153 employees.

I have considered the evidence and the arguments presented by the parties on each of the issues. As discussed below, I have concluded that the Employer's operations are so functionally integrated as to require a finding that the petitioned-for unit must be expanded to include the Savannah and Albany Hospital Services employees. I have also

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<sup>4</sup> The parties stipulated that the 17 lead technicians and two senior leads should be excluded from any unit found appropriate. These 19 individuals are hereby excluded from the unit as supervisors within the meaning of the Act. Further, one employee, Antoinette Randolph, apparently works as a relief supervisor. The parties reached no agreement on her inclusion in the unit. No testimony was elicited concerning the department in which Randolph works, or the frequency and regularity of her duties as relief supervisor. On the present record, I cannot determine Randolph's supervisory status. If Antoinette Randolph is employed in one of the departments included in the unit found appropriate herein, she may vote subject to challenge by either party.

determined that employees in the Donor Services department, Donor Suitability department, Quality Control department (herein also called QC), Reference Lab and Special Services departments have a strong community of interest with the Component Lab, Q & L, and Hospital Services department employees, and are so functionally integrated that they must be included in the bargaining unit at the Atlanta, Georgia facility. Accordingly, I have directed an election in an expanded unit comprised of approximately 126 employees.

To provide a context for my discussion of these issues, I will first provide an overview of the Employer's operations. I will then present in detail the facts and reasoning that support each of my conclusions on the issues.

### **I. OVERVIEW OF THE EMPLOYER'S OPERATIONS**

The Employer's Biomedical Services collects and distributes blood and blood products throughout the country through its Blood Services Division<sup>5</sup>. The Southern Region of the Blood Services Division is one of thirty-six regions throughout the nation and is responsible for overseeing blood collections in Georgia and parts of Florida. While the Employer collects and distributes blood throughout the geographical area of the Southern Region, it only processes blood products at its facility located at 925 Monroe Drive. In addition to the twelve departments at issue herein, the facility also houses the Atlanta area Collections employees.

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<sup>5</sup> The Employer's Blood Services Division includes two separate areas, blood collections and blood processing. The record establishes that the blood collections employees at the Employer's Metro, Atlanta facility are represented by the Petitioner and have a current collective bargaining agreement.

I will now briefly set forth the function of each of the twelve departments that the Employer would include in the bargaining unit.<sup>6</sup>

**1) Component Lab**

The Component Lab initiates the processing of blood products. The Component Lab receives packed boxes from the blood collection staff. These boxes contain bags of donated blood as well as blood donation records (herein also called BDRs)<sup>7</sup>, and test tubes. The Component Lab employees verify receipt of these materials.

From the Component Lab, the test tubes are sent to the National Testing Laboratory and the BDRs are forwarded to the Donor Information Services department (herein also called DIS). The National Testing Laboratory is an independent laboratory where blood is tested for a variety of contaminants and viral markers, including HIV and hepatitis.

Once the boxes of donated blood have been unpacked, Component Lab employees then begin processing the blood plasma. Component Lab employees place the blood bags on a large centrifuge located in the Component Lab. The centrifuge separates the whole blood into its various components, including red blood cells, plasma, platelets and cryoprecipitate. Component Lab employees may further process some of the blood supply to remove white blood cells in a process called leukoreduction. The resulting

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<sup>6</sup> At the outset, I note that the Employer designates its proposed unit as a production and maintenance unit. The Employer provides no specific facts or argument to support why a unit of blood processors should be designated as a classic production and maintenance unit. Based on the record before me I cannot conclude that a unit of blood processors constitutes a traditional production and maintenance unit.

<sup>7</sup> BDRs are the questionnaires completed by donors at the time of blood collection, and are discussed in more detail below under Donor Information Services.

products<sup>8</sup> are stored in the Component Lab until they are retrieved by Q & L, or in some cases QC.

## **2) Q & L Department**

The Q & L department receives blood products, separates and isolates unsafe blood products and labels safe products for distribution to hospitals. The Q & L department receives the blood products created by the Component Lab. The Q & L employees verify whether blood is deemed safe based on information supplied by the National Testing Laboratory, DIS and Donor Suitability departments. If a blood sample is deemed unsafe, Q & L employees are responsible for removing the product and disposing of it. If the blood product is deemed safe, the Q & L employees label the product and load the finished product onto a cart for transfer to the Hospital Services department, or occasionally to the Reference Lab.

## **3) Hospital Services Department**

### **a. Monroe Drive**

The Hospital Services department maintains the finished blood product inventory and coordinates the distribution of blood products. Hospital Services receives the blood products from Q & L, and the Hospital Services employees irradiate the blood to remove white blood cells using radiation equipment. After irradiation, the finished products are stored in climate-controlled areas that are monitored by Hospital Services.

Climate-controlled equipment is housed in Hospital Services, Component Lab, QC, Reference Lab and Q & L, and the Hospital Services employees remotely monitor all this equipment to insure that the temperatures are stable. When the temperature falls

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<sup>8</sup> The “finished product” or blood “product” referred to herein is not a new creation. The product referred to herein is merely the segregation of whole blood into its four different components.

below the specified range an alarm sounds and Hospital Services employees respond first. If the Hospital Services employee is unable to correct the problem that caused the alarm, he or she would contact the maintenance staff in the Facilities department to correct any malfunction.

Hospital Services employees ship and distribute the blood products. Hospitals contact Hospital Services directly to arrange for purchase of blood products. The employees in the department collect the needed product, pack the product and ship the product to the hospitals.

#### **b. Albany and Savannah**

There are four Hospital Services employees at the Employer's Albany and Savannah facilities. Those individuals process orders submitted by hospitals in their geographical area, and coordinate with Atlanta Hospital Services to maintain their blood supply inventory. These individuals perform no processing function, but do ship blood to hospitals.

#### **4) Donor Information Services Department**

The Donor Information Services (DIS) department employees review the Blood Donation Records (BDRs) that are supplied by the donors at the time the blood collection unit draws blood. The DIS department receives the sealed BDRs from the Component Laboratory. Employees review Donor's answers and enter the data into the Employer's computer network. Certain answers on the BDR will disqualify a donor and cause his or her sample to be rejected.

The employees in the DIS department enter the relevant information into the Employer's database, which is accessed by employees in other departments. If blood is

deemed to be “bad” DIS employees would telephonically communicate this to the department where the sample is then held, so that the blood could be destroyed.

#### **5) Donor Suitability Department**

The Donor Suitability department assists donors in withdrawing their donation from processing. After the Collections employees complete the BDR and the donor provides blood, the donor receives a blood donor card that instructs the donor to contact the Donor Suitability department if they discover they provided an incorrect answer on the BDR. A donor may also contact the Donor Suitability department directly if the donor wishes to voluntarily withdraw his or her donation for any reason. If a donation is withdrawn or disqualified, Donor Suitability employees would notify either DIS or Q & L that the blood supply should be destroyed.

#### **6) Quality Control Department**

QC tests samples of processed blood to verify its integrity and compliance with established federal regulations. QC receives pheresis and platelets from the Component Lab. The QC department performs testing and further processing on two products resulting from the Component Lab's processes, pheresis and platelets. In addition to the testing and processing of these two blood components, QC also receives red cell samples from the Component Lab for quality evaluation. The record doesn't establish how much of the Component Lab's red blood cell product is subjected to QC testing; however, the testing is regular and conducted throughout the month.

#### **7) Special Donor Services**

This department coordinates autologous and directed blood donations. When an individual has scheduled elective surgery, he or she may determine to donate his or her

own blood for use during the surgery (autologous) or use blood donated by a family member or friend (directed). Autologous or directed donors contact Special Donor Services directly to arrange for such donations. Special Donor Services employees coordinate and schedule the donation.

After the donation is collected it is processed through the Component Lab. Special Donor Services works with the Component Lab to verify that the donation is correctly identified as autologous or directed. The resulting blood product is processed through Q & L and Hospital Services. If the donation is deemed “safe”, special Donor Services coordinates with Hospital Services for shipping of the product to the appropriate doctor or hospital.

#### **8. Reference Lab Department**

Reference Lab employees screen between 10 to 15 percent of the finished blood from Q & L. The samples are screened for rare antigens and antibodies. The Reference Lab identifies blood products that contain rare antigens or antibodies which are “exceptional” and which certain recipient patients require.

When a “special” product is identified, it is segregated and placed in the Reference Lab’s inventory. The Reference Lab processes all future donations from identified donors with these special antigens or antibodies.

The Reference Lab maintains a separate inventory. Reference Lab employees coordinate with hospitals when a “special” Reference Lab product is ordered. The actual shipping of the special product is performed by Hospital Services; however, the Reference Lab processes the orders. Additionally, if there is a shortage of blood



products, Hospital Services may appropriate blood products from the Reference Lab to meet demand.

#### **9) Therapeutic Apheresis Department**

The nine Therapeutic Apheresis employees are all registered nurses and perform this specialized service on-site at hospitals. The nurses perform plasma exchange services for hospital patients, exchanging the patient's plasma for plasma supplied by the Employer's Hospital Services department. Generally, Hospital Services ships the plasma prior to the procedure, but on occasion, the Therapeutic Apheresis nurse may physically deliver the blood to the on-site location.

#### **10) Bone Marrow Department**

The two-person Bone Marrow department assists individuals who are seeking a bone marrow transplant and recruits bone marrow donors. The department assists potential donors in obtaining testing and becoming listed on the National Bone Marrow Registry. As necessary, the department employees will transport the donated bone marrow to the location where it is needed, both domestically and abroad.

#### **11) Education Department**

The Education department provides general training to employees.<sup>9</sup> The department provides general orientation training to all new employees and other general courses to the staff. Further, the department maintains records and conducts an annual audit to verify whether employees in each department have been "released" to perform certain functions.

#### **12) Facilities Department**

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<sup>9</sup> The record does not reveal whether the Education department is responsible for training employees in any other departments or divisions, for instance, collection employees.

This department in general performs a maintenance function at the Employer's facility. They perform general maintenance on the building, including correcting problems with the climate-control refrigeration equipment where blood products are stored.

## **2. THE SCOPE OF THE UNIT**

At the outset, it must be noted that there is nothing in the statute that requires that the unit for bargaining sought by the Petitioner be the only appropriate unit, or the ultimate unit, or the most appropriate unit. The Act requires only that the unit be an appropriate one. Taylor Bros., Inc., 230 NLRB 861, 869 (1977). Thus, the question to be decided herein is whether the unit of Atlanta area employees who work at the Monroe Drive facility sought by the Petitioner, is *an* appropriate unit under the Act.

Where, as here, the union seeks a single location unit, the factors to be considered in reaching a unit determination include past bargaining history; the extent of interchange and contact between employees; the extent of functional integration of operations; the differences, if any, in the equipment or in the skills or types of work required; the centralization or lack thereof of management and supervision, particularly in regard to labor relations; and the physical and geographical location in relation to other facilities. Waste Management of Washington, Inc., 331 NLRB No. 51(2000); New Britain Transportation Co., 330 NLRB No. 57 (1999); Novato Disposal Services, 328 NLRB No. 118 (1999); Courier Dispatch Group. Inc., 311 NLRB 728 (1993); Esco Corp., 298 NLRB 837 (1990); Dayton Transport Corp., 270 NLRB 1114 (1984). A single facility unit is presumptively appropriate unless the employees at the requested location have been merged into a more comprehensive unit by bargaining history, or have

been so integrated with the employees in other facilities as to cause their single-facility unit to lose its separate identity. The burden of rebutting the presumption rests here on the Employer, the party requesting the multi-location unit. [Dixie Belle Mills, 139 NLRB 629, 631 \(1962\)](#)

At issue is the inclusion of one Hospital Services Technician working in Albany and three Hospital Services Technicians working in Savannah.

The only blood processing facility in the Southern Region is in Atlanta. Thus, the blood supply for Albany and Savannah comes from Atlanta and is shipped to the two remote facilities. The Albany and Savannah employees are responsible for ordering needed blood supplies from Atlanta, monitoring their local inventory and coordinating with their local customers for shipping of blood products. Unlike the employees in Atlanta, the Albany and Savannah employees perform no blood irradiation; however, they perform most other duties performed by the Atlanta Hospital Services Technicians.

Initially, I note some areas of commonality among the Hospital Services employees at all three facilities. The Employer exercises central control over personnel and labor relations policies, including hiring decisions, at all facilities located within the Southern Region, including Atlanta, Savannah and Albany. The Employer's Human Resources department for the Southern Region establishes all personnel and labor relations policies for all three locations at issue. The employees at all three locations have the same leave policy, holiday pay policy, employee handbook and fringe benefits. Technicians at all three locations work the same average number of hours a week and are within the same general wage classification.

In Savannah, the three Hospital Services Technicians report directly to the Savannah Hospital Services Supervisor, Helen Mays. In Albany, the single Hospital Services Technician reports directly to the senior technician.<sup>10</sup> Both the supervisor and the senior technician report directly to Brenda Jones, Hospital Services Manager, who works in Atlanta. Atlanta's Hospital Services employees similarly report to their shift supervisors and the lead technicians who also report to Brenda Jones.

There is regular contact and interchange among the employees at the three facilities. The record reflects that the remote facilities must coordinate with Atlanta to requisition blood supplies on a daily basis, six days a week. Because the remote facilities do not process blood products, they must maintain their inventory using products from Atlanta. The Albany and Savannah technicians must therefore contact Atlanta Hospital Services technicians regularly throughout the day.

With regard to interchange at the facilities, while there is no evidence that any employee has ever permanently transferred between and among the three facilities, there is evidence of regular temporary interchange. The record shows that, as a result of the minimal staffing at the remote facilities, Atlanta Hospital Services employees have been temporarily reassigned three times this last year to fill-in when Albany or Savannah employees have been on vacation or sick leave.

The Employer's Hospital Services operations in Atlanta, Albany and Savannah are functionally integrated. While the Albany and Savannah facilities are providing blood products directly to their own customers, they rely upon the Atlanta facility to provide all products that they are distributing. Savannah and Albany Hospital Services could not function without the activities of Atlanta Hospital Services. Moreover, the

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<sup>10</sup> As previously noted, the parties agreed to exclude the Senior Technicians and Leadpersons.

high-degree of coordination required between the facilities and routine contact is indicative of functional integration. Atlanta Hilton & Tower, 273 NLRB 87 (1984).

The record is silent regarding the geographical separation between the Atlanta facility and the Albany and Savannah facilities. I take official notice, however, that the distance between the facilities is over 100 miles.

Notwithstanding the geographical separation between the three facilities, I find that the Employer presented sufficient evidence to rebut the presumption that a single location unit of Hospital Services employees is appropriate. The evidence reveals that the three groups of Hospital Services employees are functionally integrated, as demonstrated by the evidence of regular contact among them and the close coordination required to maintain the inventories at the facilities and to ship the products to the customers. Further, the employees in all three Hospital Services departments at all three facilities share the same manager, perform the same job functions and receive the same basic pay and benefits.

Accordingly, I am persuaded that the degree of functional integration, employee contact and interchange, and similarities of job functions, as well as the centralized control over labor relations as is established by this record, warrants a finding that the community of interest enjoyed by the Atlanta Hospital Services employees has been merged with that of Hospital Services employees at Savannah and Albany. Weighing all the factors, I find that the Employer has rebutted the single-unit presumption for this particular classification of employees. Accordingly, I conclude that an appropriate unit must include the Albany and Savannah Hospital Services Technicians, and will include them in the unit found appropriate herein.

### **3. THE COMPOSITION OF THE UNIT**

Having determined the scope of the unit, I now consider whether the composition of the unit should be limited to the three departments sought by the Petitioner, or include the additional nine departments as urged by the Employer. Based on the record testimony, I conclude that an appropriate unit must include the Component Lab, Q & L department, Hospital Services department, Donor Information Services (DIS) department, Donor Suitability departments, Quality Control department, Reference Lab and Special Services department. I further find that none of the other disputed departments share a sufficient community of interest with the employees in the petitioned-for unit to mandate their inclusion in an appropriate unit..

The fundamental question in determining whether employees should be included in an appropriate unit is whether the employees share a community of interest. Thus, I will apply a traditional community of interest analysis herein. The major factors in determining whether employees share a community of interest include: 1) the degree of functional integration among employees, 2) common supervision, 3) the nature of employee skills and functions, 4) interchangeability and contact among employees, 5) work situs, and 6) common working conditions and fringe benefits.

The parties are not in dispute regarding the community of interest among the employees in three petitioned-for departments, Component Lab, Q & L and Hospital Services. The issue concerns the community of interest among the employees in those departments and the employees remaining in the nine disputed departments. I will first address the general community of interest factors that apply to all nine

disputed departments and then I will turn to an analysis of whether those factors require the inclusion of particular departments, as urged by the Employer.

#### **A. General Community of Interest Factors**

The Employer's Monroe Drive facility houses the Employer's blood processing unit for the entire Southern Region. All nine disputed departments are located at the Monroe Drive facility and share the same work situs.

Furthermore, the Employer exercises central control over personnel and labor relations policies. Employees in all twelve departments enjoy the same centrally established fringe benefits, leave policy, employee handbook and record their hours of work using the same electronic system. Further, it was undisputed that virtually all of the employees in the twelve disputed departments are within pay grades four through eight and make between \$20,000 and \$30,000 annually. The employees in all twelve departments also share the same break room, lunchroom, smoking area and restrooms at the facility.

Thus, the employees in all twelve departments work at the same location and have similar terms and conditions of employment, including wages, working conditions and benefits.

#### **b) Specific Departments**

##### **1) Donor Information Services and Donor Suitability**

The DIS employees process the BDRs that are supplied by the Collections employees. A DIS employee retrieves these documents from the Component Lab. A DIS employee then enters the donor's information into the Employer's computer system where other authorized employees can access the information. Based upon a donor's answers to the BDR, DIS employees may determine that certain blood is unsafe. Similarly, Donor Suitability employees provide the contact point for donors who wish to have their blood donation removed from processing.

If either DIS or Donor Suitability determines that a blood sample should be withdrawn from processing and/or needs to be destroyed, employees in DIS department or in Donor Suitability contact the Component Lab and Q & L department employees to alert them and insure that the offending sample is destroyed.

Based on the record, it appears that the employees working in DIS and Donor Suitability have frequent and regular contact with the employees in the petitioned-for unit. The record shows that DIS and Donor Suitability employees have daily contact with the employees in the Component Lab, Q & L and Hospital Services departments in order to insure that blood products identified as "bad" are removed from the Employer's inventory. This evidence demonstrates more than sufficient employee contact among the departments and also demonstrates the close coordination required among employees in the five departments, coordination which is necessary in processing the final blood components for distribution. This evidence of substantial employee contact corroborates the Employer's argument that the DIS and Donor Suitability departments are so functionally integrated with the petitioned-for employees as to require their inclusion in the unit.



Based on functional integration, regularity of employee contact and considering the similarity in wages and other working conditions I find that the DIS and Donor Suitability departments must be included in the unit deemed appropriate herein.

## **2) Quality Control**

QC employees run specified tests on blood products supplied by the Component Lab to maintain the integrity of the Employer's blood product supply. The testing of the blood products is mandated by federal regulation. Such testing is essential to the distribution of the blood components, based on federal regulation and the Employer's customers' quality standards.

The record demonstrates that QC employees have work-related contacts with the Component Lab employees numerous times each day. Further, after performing the requisite tests, QC employees have contact with employees in the Q & L department. As with the DIS and Donor Suitability departments, QC is, legally, an essential step in the final distribution process and its functional integration with the petitioned-for unit is amply demonstrated by the close work contacts between employees in the departments, as well as the coordination required between the departments.

Based on functional integration, regularity of employee contact and considering the similarity in wages and other working conditions, I find that the QC department must be included in the unit deemed appropriate herein.

## **3) Special Donor Services**

Special Donor Services coordinates autologous and directed blood donations. In carrying out this directive, the employees coordinate the processing of the donation through the Component Lab. After the donors provide their blood samples, the Special

Services department remains involved with the processing of the blood to insure that it is properly identified as being an autologous or directed donation. Other than that specific identification, the donation is processed like all other donations through the Component Lab, DIS, Q & L, and Hospital Services.

The employees in special Donor Services are in daily contact with the three petitioned-for departments, in order to coordinate the processing of the autologous and self-directed blood donations. Once processed, the special Donor Services remains involved with Hospital Services to insure that the special product is properly shipped.

Again, Special Services employees' functions are highly integrated with the petitioned-for departments. While the Special Services department arranges for autologous and self-directed blood products, these products are subjected to the same processing as all other blood donations. Employees in the petitioned-for unit process the autologous and directed blood donations in the same manner as all other donations. Because they are autologous and/or self-directed, the Special Services department remains directly involved with the processing in order to insure that the "special" product is properly identified and distributed to the donor/patient who arranged for the donation.

The record evidence demonstrates the close coordination of employee tasks and extensive employee contact indigenous to truly integrated operations. Special Services employees have regular, daily contact with employees in the petitioned-for unit to insure the appropriate handling of the autologous and directed blood donations. Those donations could not be processed and distributed without the Component Lab, Q & L and Hospital Services departments. The employees in the aforesaid four departments exhibit

regular, extensive work-related contact in order to facilitate the processing of these donations.

While cognizant of the Special Services departments separate immediate supervision and management and the lack of interchange between employees, I do not find these factors to be enough to overcome the regular and substantial daily contact with the unit employees. Based on the high degree of functional integration, the substantial and regular contact between employees and their similarity of wages and working conditions, I am persuaded that Special Services department shares a substantial community of interest with the unit employees, and is properly included in the bargaining unit found appropriate herein..

#### **4. Reference Lab**

The Reference Lab employees screen blood products received from Q & L to assess whether the blood contains rare antigens and antibodies. Less than 15% of the product processed by Q & L is sent to the Reference Lab.

If, during the Reference Lab's screening of the sample rare indicators are identified by Reference Lab, then the product is considered a "special product". The special products are segregated and maintained in the Reference Lab's inventory. The Reference Lab is contacted directly by hospitals seeking these special products. Hospital Services employees pack and ship the Reference Lab products and will requisition the Reference Lab's supplies in the event of a blood supply shortfall.

Similar to the Special Services department, Reference Lab is dependent upon, and therefore functionally integrated with, the Component Lab, Q & L and Hospital Services. The Reference Lab receives the blood products after they have been fully processed from

the Q & L department. Although Reference Lab performs its own tests and maintains a separate inventory, when the “special product” is distributed, the Reference Lab must coordinate with Hospital Services who ship the product. It is undisputed that Reference Lab employees have daily contact with Q & L department and Hospital Services. Such close contact between the employees in the aforesaid departments is indicative of functional integration. Moreover, the fact that the record makes clear that the processes of the Component Lab, Q & L and Hospital Services departments are essential to the Reference Lab’s function reflects true functional integration. Based on the foregoing, I must conclude that the Reference Lab is functionally integrated with the unit found appropriate herein.

In further support of the Reference Lab’s inclusion in the appropriate unit, the Reference lab shares several functions with departments in the unit found appropriate herein. For instance, like the QC department, the Reference Lab performs testing on blood products. The Reference Lab, much like Hospital Services, maintains an inventory of blood products and communicates with the customers/hospitals to arrange for the distribution of the blood products. These shared functions support a finding that the Reference Lab should be included in an appropriate unit.

Based on the high degree of functional integration, the regular contact between the employees in the relevant departments, the similarity in job functions as well as the similarity of terms and conditions of employment, I conclude that the Reference Lab should be included in the unit found appropriate herein.

## **5. Therapeutic Apheresis**

Therapeutic Apheresis provides plasma exchange services to hospital patients. The department is staffed by Registered Nurses who arrange, coordinate and perform the plasma exchange services. The employees travel to the customer/hospital to perform the plasma exchange for patients. In performing a plasma exchange, the employees use plasma supplied by Hospital Services.

The record evidence demonstrates that the employees in this department are required to possess a registered nursing degree and do not share any common job functions with the employees in Component Lab, Q & L or Hospital Services or any other departments. Further, based on the record it appears that the Therapeutic Apheresis employees have a distinct set of working conditions in that they travel to the customer to perform the requisite services. As there is no evidence of sustained or meaningful interaction between these employees and the departments found to comprise the appropriate unit herein, I find that they do not share a community of interest with employees in the unit found appropriate herein, and will not therefore, include them in the unit found appropriate herein.

## **6. Bone Marrow Department**

This department is comprised of two employees who assist individuals seeking bone marrow transplants, and who recruit and assist individuals in becoming bone marrow donors. In addition to coordinating bone marrow blood drives to identify potential donors, the employees coordinate the bone marrow donations. The employees also transport bone marrow donations to their anticipated recipients.

The record fails to reflect any interaction between the bone marrow employees and the employees in the unit found appropriate herein. There is no evidence that the recruitment and blood drawing functions of this department are similar, or related to, any of the functions carried out by the Component Lab, Q & L or Hospital Services departments or the other departments included in the unit. Thus, there is no evidence of functional integration. Based on the record, I cannot conclude that these employees share a community of interest with those in the unit found appropriate herein. Accordingly, I shall exclude them from the bargaining unit.

### **7.) Education**

The Education department provides general training and orientation to employees in all twelve departments.<sup>11</sup> Whereas the Education department employees provide general training, the Component Lab, Q & L and Hospital Services departments all possess their own training specialist who works in each department. The training specialist in each of the three departments conducts all task specific training in the departments, and such departmentally specific training does not involve the Education department employees. Thus, based on the present record, there is no evidence that the Education department conducts ongoing training with employees in the unit herein found to be appropriate after orientation or that it has any substantial contacts with employees in the aforesaid unit.

The Education department is also responsible for maintaining records to demonstrate which tasks employees are trained and authorized to perform. The record

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<sup>11</sup> Based on the present record, I cannot determine whether the education department's trains employees outside and in addition to the twelve relevant departments. For instance, whether they provide orientation and training to employees in the blood collection unit, or are solely training the twelve departments at issue herein.

indicates that this verification is accomplished only through interaction with the departmental supervisors. There is no record evidence that this auditing and maintenance function requires any regular or sustained interaction with the employees in the unit found to be appropriate herein.

Based upon the foregoing, I conclude that the Education department employees do not share a community of interest with employees in the unit found appropriate herein and accordingly, I will exclude them from the unit.

#### **8) Facilities Department**

The Facilities department is comprised of the maintenance staff, as well as a mail clerk and a receptionist. The maintenance staff provides routine maintenance in the facility, including repairs to the climate-controlled refrigeration units where the blood products are stored.

Other than the maintenance employees' role in repairing the climate-control equipment, there is no evidence that the Facilities department employees play even an indirect role in processing blood products.

The receptionist receives telephone calls from outside callers, transfers telephone calls, and performs a greeting function at the front door of the facility. The mail clerk distributes mail to all twelve relevant departments and throughout the facility and assists the other facilities personnel.

The foregoing is insufficient to support a finding that the facilities employees share a community of interest with the employees in the unit found appropriate herein. While it may be presumed that the Facilities department employees come in contact with the employees in the other eleven departments while carrying out the regular functions of

their jobs, there was no evidence presented to establish that this contact is more than limited and perfunctory.

Based on the minimal evidence of contact with employees in the appropriate unit and the absence of evidence that the Facilities department employees share any other indicia of community of interest with the unit employees, I find that the Facilities department employees do not share a substantial community of interest with the unit employees. Accordingly, I shall exclude them from the unit found appropriate herein.

## **II. CONCLUSIONS AND FINDINGS**

Based upon the entire record in this matter and in accordance with the discussion above, I conclude and find as follows:

1. The hearing officer's rulings made at the hearing are free from prejudicial error and are hereby affirmed.
2. The Employer is engaged in commerce within the meaning of the Act and it will effectuate the purposes of the Act to assert jurisdiction in this case.
3. The Petitioner is a labor organization within the meaning of Section 2(5) of the Act and claims to represent certain employees of the Employer employed at the Employer's facility located at Atlanta, Georgia.
4. A question affecting commerce exists concerning the representation of certain employees of the Employer within the meaning of Section 9(c)(1) and Section 2(6) and (7) of the Act.



5. The following employees of the Employer constitute a unit appropriate for the purpose of collective bargaining within the meaning of Section 9(b) of the Act.<sup>12</sup>

All Component Lab, Quarantine and Labeling department, Hospital Services department, Special Services department, Donor Information Services department, Donor Suitability department, Reference Lab and Quality Control department employees employed by the Employer at its 945 Monroe Drive, Atlanta, Georgia facility, and all Hospital Services employees employed by the Employer at its Albany, Georgia and Savannah, Georgia facilities, excluding office clerical employees, guards and supervisors as defined by the Act.<sup>13</sup>

### **III. DIRECTION OF ELECTION**

The National Labor Relations Board will conduct a secret ballot election among the employees in the unit found appropriate above. The employees will vote whether or not they wish to be represented for purposes of collective bargaining by United Steelworkers of America, AFL-CIO-CLC. The date, time, and place of the election will be specified in the notice of election that the Board's Regional Office will issue subsequent to this Decision.

#### **A. Voting Eligibility**

Eligible to vote in the election are those in the unit who are employed during the payroll period ending immediately before the date of this Decision, including employees who did not work during that period because they were ill, on vacation, or temporarily laid off. Employees engaged in any economic strike, who have retained their status as

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<sup>12</sup> At the hearing, Petitioner agreed to proceed in any expanded unit found appropriate by the undersigned.

<sup>13</sup> Included within the departments found to constitute an appropriate unit are the job classifications of "administrative assistant" and "clerical". However, I cannot conclude on this record whether these classification are properly part of the appropriate unit or should be excluded as more akin to office clericals. Accordingly, employees in these classifications, within the included departments, may vote subject to challenge by either party.

strikers and who have not been permanently replaced are also eligible to vote. In addition, in an economic strike which commenced less than 12 months before the election date, employees engaged in such strike who have retained their status as strikers but who have been permanently replaced, as well as their replacements are eligible to vote. Unit employees in the military Services of the United States may vote if they appear in person at the polls. Ineligible to vote are (1) employees who have quit or been discharged for cause since the designated payroll period; (2) striking employees who have been discharged for cause since the strike began; and who have not been rehired or reinstated before the election date; and (3) employees who are engaged in an economic strike that began more than 12 months before the election date and who have been permanently replaced.

**B. Employer to Submit List of Eligible Voter**

To ensure that all eligible voters may have the opportunity to be informed of the issues in the exercise of their statutory right to vote, all parties to the election should have access to a list of voters and their addresses, which may be used to communicate with them. Excelsior Underwear Inc., 156 NLRB 1236 (1966); NLRB v. Wyman-Gordon Company, 394 U.S. 759 (1969). Accordingly it is hereby directed that within seven (7) days of the date of this Decision, the Employer must submit to the Regional Office an election eligibility list, containing the full names and addresses of all the eligible voters. North Macon Health Care Facility, 315 NLRB 359, 361 (1994). This list must be of sufficiently large type to be clearly legible. To speed both preliminary checking and the voting process, the names on the list should be alphabetized. Upon receipt of the list, I will make it available to all parties to the election.

To be timely filed, the list must be received in the Regional Office, Suite 1000, Harris Tower, 233 Peachtree Street, N.E., Atlanta, Georgia 30303, on or before May 16, 2003. No extension of time to file this list will be granted except in extraordinary circumstances, nor will the filing of a request for review affect the requirement to file this list. Failure to comply with this requirement will be grounds for setting aside the election whenever proper objections are filed. The list may be submitted by facsimile transmission at (404) 331-2858. Since the list will be made available to all parties to the election, please furnish a total of **two** copies, unless the list is submitted by facsimile in which case no copies need be submitted. If you have any questions, please contact the Regional Office.

#### **C. Notice Posting Obligations**

According to Section 103.20 of the Board's Rules and Regulations, the Employer must post the Notices to Election provided by the Board in areas conspicuous to potential voters for a minimum of 3 working days prior to the date of the election. Failure to follow the posting requirement may result in additional litigation if proper objections to the election are filed. Section 103.20(c) requires an employer to notify the Board at least 5 full working days prior to 12:01 a.m. of the day of the election if it has not received copies of the election notice. Club Demonstration Services, 317 NLRB 349 (1995). Failure to do so estops employers from filing objections based on nonpolluting of the election notice.

#### **IV. RIGHT TO REQUEST REVIEW**

Under the provisions of Section 102.67 of the Board's Rules and Regulations, a request for review of this Decision may be filed with the National Labor Relations Board,

addressed to the Executive Secretary, 1099 14th Street, NW, Washington, DC 20570-0001. This request

must be received by the Board in Washington by 5:00 P.M., (EST) on May 23, 2003.

The request may **not** be filed by facsimile.

Dated at Atlanta, Georgia, on this 9th day of May 2003.

/s/ Martin M. Arlook

Martin M. Arlook, Regional Director  
National Labor Relations Board  
Harris Tower – Suite 1000  
233 Peachtree St., N.E.

420-0000

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440-0000

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